

ASSEMBLY BILL

No. 653

Introduced by Assembly Member Levine

February 17, 2005

An act to amend Section 1368.2 of the Health and Safety Code, relating to health care service plans.

LEGISLATIVE COUNSEL'S DIGEST

AB 653, as introduced, Levine. Hospice coverage.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Under the act, a plan is required to provide for hospice care that is, at minimum, equivalent to the hospice care provided by the federal Medicare program.

This bill would make nonsubstantive changes to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1368.2 of the Health and Safety Code is
2 amended to read:
3 1368.2. (a) On and after January 1, 2002, every group health
4 care service plan contract, except a specialized health care
5 service plan contract, ~~which~~ *that* is issued, amended, or renewed,
6 shall include a provision for hospice care.
7 (b) The hospice care shall, at a minimum, be equivalent to
8 hospice care provided by the federal Medicare program pursuant
9 to Title XVIII of the Social Security Act.

1 (c) The hospice care provided under this section is not
2 required to include preliminary services set forth in subdivision
3 (d) of Section 1749. However, an enrollee who receives those
4 preliminary services shall remain eligible for coverage of
5 curative treatment by a health care service plan during the course
6 of preliminary services and prior to the election of hospice
7 services.

8 (d) The following are applicable to this section and to
9 paragraph (7) of subdivision (b) of Section 1345:

10 (1) The definitions in Section 1746, except for subdivisions (o)
11 and (p) of that section.

12 (2) The “federal regulations” ~~which~~ *that* means the regulations
13 adopted for hospice care under Title XVIII of the Social Security
14 Act in Title 42 of the Code of Federal Regulations, Chapter IV,
15 Part 418, except Subparts A, B, G, and H, and any amendments
16 or successor provisions thereto.

17 (e) The director no later than January 1, 2001, shall adopt
18 regulations to implement this section. The regulations shall meet
19 all of the following requirements:

20 (1) Be consistent with all material elements of the federal
21 regulations that are not by their terms applicable only to eligible
22 Medicare beneficiaries. If there is a conflict between a federal
23 regulation and any state regulation, other than those adopted
24 pursuant to this section, the director shall adopt the regulation
25 that is most favorable for plan subscribers, members, or enrollees
26 to receive hospice care.

27 (2) Be consistent with any other applicable federal or state
28 laws.

29 (3) Be consistent with the definitions of Section 1746, except
30 for subdivisions (o) and (p) of that section.

31 (f) This section is not applicable to the subscribers, members,
32 or enrollees of a health care service plan who elect to receive
33 hospice care under the Medicare program.

34 (g) The director, commencing on January 15, 2002, and on
35 each January 15th thereafter, shall report to the Advisory
36 Committee on Managed Health Care any changes in the federal
37 regulations that differ materially from the regulations then in
38 effect for this section. The director shall include with the report
39 written text for proposed changes to the regulations then in effect

- 1 for this section needed to meet the requirements of subdivision
- 2 (e).

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